



Appendix B: Clinical Features of Dementia, Delirium and Depression

| Feature | Dementia | Delirium | Depression |
|----------------|---|--|---|
| Onset | <ul style="list-style-type: none"> • Insidious | <ul style="list-style-type: none"> • Acute | <ul style="list-style-type: none"> • Gradual; may coincide with life changes |
| Duration | <ul style="list-style-type: none"> • Months to years | <ul style="list-style-type: none"> • Hours to less than one month, seldom longer | <ul style="list-style-type: none"> • At least two weeks, but can be several months to years |
| Course | <ul style="list-style-type: none"> • Stable and progressive; Vascular dementia: usually stepwise | <ul style="list-style-type: none"> • Fluctuates: worse at night • Lucid periods | <ul style="list-style-type: none"> • Diurnal: usually worse in mornings, improves as day goes on |
| Alertness | <ul style="list-style-type: none"> • Generally normal | <ul style="list-style-type: none"> • Fluctuates: lethargic or hyper-vigilant | <ul style="list-style-type: none"> • Normal |
| Orientation | <ul style="list-style-type: none"> • May be normal but often impaired for time/later in the disease, place | <ul style="list-style-type: none"> • Always impaired: time/place/person | <ul style="list-style-type: none"> • Usually normal |
| Memory | <ul style="list-style-type: none"> • Impaired recent and sometimes remote memory | <ul style="list-style-type: none"> • Global memory failure | <ul style="list-style-type: none"> • Recent memory may be impaired • Long-term memory intact |
| Thoughts | <ul style="list-style-type: none"> • Slowed: reduced interests • Makes poor judgements • Words difficult to find • Perseverates | <ul style="list-style-type: none"> • Disorganized, distorted, fragmented • Bizarre ideas and topics such as paranoid grandiose | <ul style="list-style-type: none"> • Usually slowed, preoccupied by sad and hopeless thoughts; somatic preoccupation • Mood congruent delusions |
| Perception | <ul style="list-style-type: none"> • Normal • Hallucinations (often visual) | <ul style="list-style-type: none"> • Distorted: visual and auditory • Hallucinations common | <ul style="list-style-type: none"> • Intact • Hallucinations absent except in psychotic depression |
| Emotions | <ul style="list-style-type: none"> • Shallow, apathetic, labile • Irritable | <ul style="list-style-type: none"> • Irritable, aggressive, fearful | <ul style="list-style-type: none"> • Flat, unresponsive or sad and fearful • May be irritable |
| Sleep | <ul style="list-style-type: none"> • Often disturbed, nocturnal, wandering common • Nocturnal confusion | <ul style="list-style-type: none"> • Nocturnal confusion | <ul style="list-style-type: none"> • Early morning waking |
| Other features | <ul style="list-style-type: none"> • Poor insight into deficits • Careless | <ul style="list-style-type: none"> • Other physical disease may not be obvious • Inattentive | <ul style="list-style-type: none"> • Past history of mood disorder • Poor effort on cognitive testing: gives up easily |
| Standard Tests | <ul style="list-style-type: none"> • Comprehensive assessment (history, physical, lab, Standardized Mini-Mental State Exam) | <ul style="list-style-type: none"> • See <i>Appendix C: Delirium Screening and Assessment Tools - CAM & PRISME</i> | <ul style="list-style-type: none"> • See <i>Appendix D: Depression Screening Tools</i> |

Reference (adapted from): Centre for Health Informatics and Multiprofessional Education, University College London. Dementia tutorial: Diagnosis and management in primary care: A primary care based education/research project. Available from: www.ehr.chime.ucl.ac.uk